

Aquatics Program Youth Registration Form			
Program(s) Registering for: Please Check all that Apply		Please Print Father/Guardian Authorized to pick-up child/children <input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> Lifeguard Classes <input type="checkbox"/> Swim Team  <input type="checkbox"/> Swim Lessons <i>Option 1: Session:_____ Time:_____</i> <i>Option 2: Session:_____ Time:_____</i> <i>Option 3: Session:_____ Time:_____</i> <input type="checkbox"/> Other (specify) _____		Name:	Employer:
		Address:	Business Phone:
		City: Zip:	Home Phone:
		Please Print Mother/Guardian Authorized to pick-up child/children <input type="checkbox"/> yes <input type="checkbox"/> no	
Please Print First Child		Name:	Employer:
Name:		Address:	Business Phone:
Address:	Telephone No:	City: Zip:	Home Phone:
City: Zip Code:	Please Print Medical Information		
School: Grade:	Child's Name:		
Birthdate: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child has the following condition:		
Will your child be <input type="checkbox"/> picked up or <input type="checkbox"/> walk home			
Does your child have any type of medical, physical or mental condition? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes fill out medical information</i>	Current medication, diet, treatment, times taken:		
Please Print Second Child			
Name:		Describe any situation or behavior change which could occur as a result of the conditions outlined above:	
Address:	Telephone No:		
City: Zip Code:			
School: Grade:			
Birthdate: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Will your child be <input type="checkbox"/> picked up or <input type="checkbox"/> walk home	Child's limitations:		
Does your child have any type of medical, physical or mental condition? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes fill out medical information</i>			
Please Print Third Child		Please Print Emergency Contact	
Name:		Name:	
Address:	Telephone No:	Relationship:	
City: Zip Code:	Home phone:		Work phone:
School: Grade:	Doctor:		
Birthdate: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hospital:		
Will your child be <input type="checkbox"/> picked up or <input type="checkbox"/> walk home	Insurance Company:		
Does your child have any type of medical, physical or mental condition? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes fill out medical information</i>			

# Custodial Care Information

My Child/Children are under the custodial care of: (Check one) ☐ Both Parents ☐ Mother only ☐ Father only ☐ Other

I authorize the following people (other than myself) to pick up my Child/Children

1. _____ Name	Relationship	Home Phone	Work Phone
2. _____ Name	Relationship	Home Phone	Work Phone
3. _____ Name	Relationship	Home Phone	Work Phone

Please list any persons who might attempt to pick up your Child/Children but are not authorized to do so:

1. _____ Name	Relationship
2. _____ Name	Relationship

If there are any changes to these arrangements you must notify the Aquatics facility immediately.

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# Additional Information


# Please Read & Sign

If there are any changes in your child’s health status during the year, parents must notify BCPR immediately.

I will not hold the BCPR, its staff, including directors, agents, representatives, or employee’s responsible for any injuries and liabilities that may occur while participating in any activities held at the site, on field-trips or special events. I will not hold them responsible for any injuries, which may be sustained during travel between the center and an activity. I further state my child/children can participate in all activities.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)